

OFFICE USE ONLY

Site name: _____

PCA number: _____

Agency Object Code: _____

VCP Project number: _____

TEXAS NATURAL RESOURCE CONSERVATION COMMISSION VOLUNTARY CLEANUP PROGRAM

Program Application

Complete this form to request assistance and review from the Texas Natural Resource Conservation Commission (TNRCC) staff in the Voluntary Cleanup Program (VCP) pursuant to §361.604 of the Texas Solid Waste Disposal Act.

Complete all applicable sections. Incomplete or inaccurate applications may be rejected as per §361.605 of the VCP statute. Please refer to the application instruction sheet or call (512) 239-5891 with any questions concerning the completion of this form.

General Information

Property/Site name _____

Address _____

City _____ State _____ Zip Code _____

Latitude _____ Longitude _____

Property size (acres) _____

Applicant(s)

Applicant A (The person seeking review and approval of a plan or report, and/or issuance of a Certificate of Completion by the TNRCC. Applicant A is responsible for payment of TNRCC costs of review and oversight unless indicated otherwise on page 2 of this form.)

Applicant _____

Contact Person _____ Title _____

Organization _____ Phone () _____ Fax () _____

Address _____

City _____ State _____ Zip Code _____

Interest in Property _____

Applicant B

Applicant _____

Contact Person _____ Title _____

Organization _____ Phone () _____ Fax () _____

Address _____

City _____ State _____ Zip Code _____

Interest in Property _____

Applicant C

Applicant _____
Contact Person _____ Title _____
Organization _____ Phone () _____ Fax () _____
Address _____
City _____ State _____ Zip Code _____
Interest in Property _____

Applicant D

Applicant _____
Contact Person _____ Title _____
Organization _____ Phone () _____ Fax () _____
Address _____
City _____ State _____ Zip Code _____
Interest in Property _____

Current Property Owner (if different from applicant)

Owner(s) _____
Contact Person _____ Title _____
Organization _____ Phone () _____ Fax () _____
Address _____
City _____ State _____ Zip Code _____

Other Contacts (Consultant/Attorney)

Name(s) _____ Title _____
Organization _____ Phone () _____ Fax () _____
Address _____
City _____ State _____ Zip Code _____

Name(s) _____ Title _____
Organization _____ Phone () _____ Fax () _____
Address _____
City _____ State _____ Zip Code _____

Billing Information

If billing should be directed to a person other than Applicant A, please enter the required information below and include their signature consenting to payment of TNRCC oversight costs.

Name(s) _____ Title _____
Organization _____ Phone () _____ Fax () _____
Address _____ City _____
_____ State _____ Zip Code _____

Signature of Consent: _____

Current Property Use (Use percentage if property is divided into different use categories.)

Residential _____ Agricultural _____ Other _____
Commercial/Industrial _____ Recreational _____

Involvement With Other Regulatory Programs

Please describe any and all prior contact with any state or federal environmental regulatory programs or agencies which relate to the property in question, especially any orders, permits, notices of violations, or inspections. Indicate if there has been no prior contact. Attach additional sheets as necessary. _____

Please provide any and all state and federal identification numbers related to the property in question, including any solid waste, leaking petroleum storage tank (PST), CERCLIS, RCRIS, etc., registration numbers which have been assigned. _____

Applicant's Intended Response Action Objectives (Cleanup Levels)

- ___ Not known at this time. Applicant wishes to receive guidance from VCP staff prior to the signing of a VCP agreement.
- ___ Cleanup to Background (i.e. Risk Reduction Standard 1).
- ___ Cleanup to Generic Risk-Based Levels (following Risk Reduction Standard 2 or PST Plan A requirements).

- ___ Cleanup to Site Specific Risk-Based Levels not relying on engineering or institutional controls (following Risk Reduction Standard 3 or PST Plan B requirements).
- ___ Cleanup to Site Specific Risk-Based Levels which rely on engineering or institutional controls (following Risk Reduction Standard 3 or PST Plan B requirements).
- ___ Other (explain)_____

Environmental Assessment

An environmental assessment must be attached with this application and include the required information as follows:

1. a legal description of the site, including a site map;
2. the physical characteristics of the site;
3. the operational history of the site, to the extent the history is known by the applicant;
4. information that the applicant is aware of concerning the nature and extent of any relevant contamination and/or release at the site and immediately contiguous to the site, or wherever the contamination came to be located; and
5. relevant information the applicant is aware of concerning the potential for human and environmental exposure to contamination at the site.

Intent to Participate

The undersigned requests oversight by the TNRCC of investigation and cleanup activities of possible contamination at the property described above and intends to negotiate in good faith a written agreement with the TNRCC to provide voluntary oversight. This Intent to Participate does not constitute such an agreement, and neither TNRCC or the undersigned will be bound to proceed with voluntary oversight unless such an agreement is executed. Applicants should be aware, that in order for the TNRCC to issue a Certificate of Completion for an entire site, the applicant must provide adequate information to document that the entire site meets the applicable standards. As an alternative, the applicant may pursue a Certificate of Completion for only a portion of the site, as a partial response action area. The agreement will describe the project activities of each party and will require Applicant A (unless indicated otherwise on page 2 of this form) to reimburse the TNRCC for all of its oversight costs. By completing and signing this Intent to Participate, the undersigned does affirm the applicant's financial capability to perform the voluntary cleanup. The Executive Director may request additional information to support this affirmation.

With this Intent to Participate, the undersigned does not admit or assume liability for investigation or cleanup of the site. In addition, the undersigned may terminate the Intent to Participate at any time. If the TNRCC rejects the application, it will notify the applicant and explain the reasons for rejection, and will refund half of the application deposit, unless the applicant indicates a desire to resubmit a corrected application.

Deposit of Oversight Costs

The applicant must submit with this application, a deposit in the amount of one thousand dollars (\$1,000), made payable to the Texas Natural Resource Conservation Commission. Deposits may be made in the form of company or personal checks. Cash deposits will not be accepted.

Please execute this Intent to Participate in the space below and return it to:

Attention: Cashier
Texas Natural Resource Conservation Commission
MC- 214
P.O. Box 13088
Austin, Texas 78711-3088

For overnight or express mail please use the following street address:

Attention: Cashier
Texas Natural Resource Conservation Commission
MC-214
12100 Park 35 Circle
Austin, Texas 78753

Correctness of Information

The undersigned affirm that the information contained in this application is true and accurate to the best of their knowledge.

Applicant's Signatures

Applicant A

By: _____ Name: _____
(signature of authorized (print or type)
representative)
Date: _____ Title: _____
Company: _____ Phone: () - _____

Applicant B

By:_____ Name:_____
(signature of authorized (print or type)
representative)
Date:_____ Title:_____
Company:_____ Phone: () - _____

Applicant C

By:_____ Name:_____
(signature of authorized (print or type)
representative)
Date:_____ Title:_____
Company:_____ Phone: () - _____

Applicant D

By:_____ Name:_____
(signature of authorized (print or type)
representative)
Date:_____ Title:_____
Company:_____ Phone: () - _____

TEXAS NATURAL RESOURCE CONSERVATION COMMISSION VOLUNTARY CLEANUP PROGRAM

Program Application - Additional Applicants Form

Applicant E

By: _____ Name: _____
(signature of authorized (print or type)
representative)

Date: _____ Title: _____
Company: _____ Phone: () - _____

Applicant F

By: _____ Name: _____
(signature of authorized (print or type)
representative)

Date: _____ Title: _____
Company: _____ Phone: () - _____

Applicant G

By: _____ Name: _____
(signature of authorized (print or type)
representative)

Date: _____ Title: _____
Company: _____ Phone: () - _____

Applicant H

By: _____ Name: _____
(signature of authorized (print or type)
representative)

Date: _____ Title: _____
Company: _____ Phone: () - _____